## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ditch Fund Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Goodman, Katrina, , , Date of Receipt Mailing Address 3351 N Fork River Ct 2020 City Zip Code State Transaction ID: VVC59VBXD39 ΑZ Tucson 85745-4169 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) St Cvril School Teacher Receipt For: Aggregate Year-to-Date ▼ Primary General \* Earmarked Contribution: See Below 225.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ActBlue Date of Receipt Mailing Address PO Box 441146 2020 City State Zip Code Transaction ID: VVC59VBXD39E West Somerville MA 02144-0031 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C00401224 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field Receipt For: Aggregate Year-to-Date ▼ Primary General Note: Above Contribution earmarked through this 7084232.97 Other (specify) organization. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Goodman, Sharla, , , Date of Receipt Mailing Address 4610 Crestwood Dr 05 2020 City State Zip Code Transaction ID: VVC59TW1CE0 AR Little Rock 72207-5434 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General \* Earmarked Contribution: See Below 500.00 Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - 7